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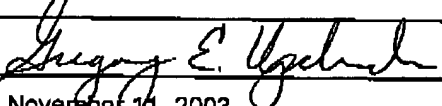
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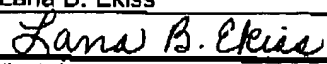
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FACSIMILE TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/931,562
	Filing Date	08/16/2001
	First Named Inventor	L. Paskar
	Group Art Unit	3762
	Examiner Name	M. Bockelman
Total Number of Pages in This Submission	Attorney Docket No.	74442/002

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Charge Deposit Account -08-3460 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Affidavits/declarations(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet <input type="checkbox"/> Amount \$		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Gregory E. Upchurch
Signature	
Date	November 11, 2003

CERTIFICATE OF FACSIMILE 37 CFR 1.18	
I hereby certify that this document is being transmitted via facsimile to fax number (703) 305-3591 to the Commissioner for Patents, Washington, D.C. 20231.	
Date: 11/11/03	
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Date	November 11, 2003

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